

Dysphagia and Associated Disorders

Guideline: People who have difficulty swallowing or other problems related to eating should be carefully evaluated and programs should be established so that (a) each person receives nourishment in a safe manner that minimizes the risk of aspiration; (b) each person is assisted in improving skills needed to eat a greater variety of food; and (c) mealtime is a pleasant and fulfilling experience.

DEFINITIONS:

Dysphagia: Difficulty swallowing. Dysphagia may occur at one or more of the three stages (oral, pharyngeal, esophageal).

Gastroesophageal reflux: The backflow of gastric or duodenal contents, or both, past the lower esophageal sphincter and into the esophagus. Gastroesophageal reflux is frequently associated with dysphagia. Some of the signs, symptoms, and behaviors that may be observed include spitting, vomiting, belching, poor appetite, poor weight gain, weight loss, recurrent wheezing, aspiration pneumonia, pain with eating, heart burn, chest pain, and evidence of upper airway obstruction such as snoring.

Individual's record: A permanent legal document that provides comprehensive information about the individual's health care status.

Nutritional Management Committee: A team of professionals with knowledge of the causes and treatment of dysphagia that should meet to discuss issues related to dysphagia and associated disorders, and make recommendations as appropriate.

Primary care prescribers: Physicians, nurse practitioners, and physician's assistants who provide primary care services and are authorized to prescribe medications and treatments for people on their assigned caseloads.

Medical progress notes: The section of the individual's record where primary care prescribers document their findings and provide rationale for treatment plans.

RATIONALE:

1. Postural changes alter the way gravity carries food through the pharynx. The normal eating posture is sitting upright with proper alignment of body parts. Ideally, the mouth, throat, esophagus, stomach, and intestinal tract should all be at "midline". The person should be positioned as close to this as possible to permit easy and safe swallowing.
2. When proper alignment and symmetry cannot be maintained in a sitting position, side lying with head elevated may be a mealtime positioning alternative.
3. People with developmental disabilities who have difficulty eating should be given opportunities to improve the manner in which they eat.
4. People who have eating problems resulting from dysphagia may require specific treatment, specialized mealtime techniques, and other interventions. According to individual need, these strategies may include:
 - a. positioning,
 - b. adaptive equipment,
 - c. oral facilitation/feeding techniques, thermal stimulation,
 - d. diet texture modifications,

RATIONALE cont'd

- e. monitoring of certain conditions such as elimination, skin integrity, compromised respiratory systems, and food intake,
- f. alternate methods of feeding, and
- g. other techniques as needed.

EXPECTED OUTCOMES:**Staff Training**

1. All professional and direct support staff assisting or monitoring activities of daily living should receive training on the basic guidelines for dining and emergencies related to choking.
 - a. Training should occur during new employee orientation.
 - b. Specific guidelines and directions on individual dining programs should be provided prior to staff being assigned specific dining responsibilities.
2. All staff should be trained to implement new dining programs as they are developed and/or modified.
3. Specialized training may be required for direct support staff depending on the particular treatment options recommended and implemented by the interdisciplinary team. Training should be provided by appropriate professional staff.

GENERAL GUIDELINES

1. Written nutritional management programs, including pictures that illustrate proper positioning, should be developed by appropriate professional staff and available for staff reference at each meal and whenever food or liquids are given.
2. Each person should be positioned according to his or her individualized plan whenever eating or drinking (e.g. mealtime, medication administration, snack time) to minimize the risk of aspiration.
3. People should be positioned as upright as possible with back straight and supported. Food or drink *should not* be given to people lying in a *horizontal supine position*.
4. **People who are at risk for aspiration and reflux associated with esophageal and pharyngeal disorders (e.g., those with GERD, esophageal dysmotility, velliculae pooling) should not lie flat after eating without specific documented rationale.**
 - a. Positions should be maintained with the head and trunk elevated **at least 30 degrees** to avoid aspiration.
 - b. The **time** each person should remain in an upright position varies with the degree of neurological impairment. The time should be determined on an individual basis but should be **at least an hour**.
5. **Therapeutic Positioning**

The following guidelines are to be used as a basis for developing nutritional management programs. Programs should be modified according to each person's physical limitations. Each person with dysphagia should have an individualized nutritional management program developed by appropriate professionals in collaboration with the interdisciplinary team.

Therapeutic Positioning cont'd**a. Postural Stability:**

1. Position the person as upright as possible with the back straight and supported.
2. The pelvis should be level, providing a stable base of support, with equal weight on hips.
3. The hips should be flexed and back in the seat of the chair.
4. The knees should be flexed to 90 degrees.
5. The feet should be flat and supported on the floor or footrest. If necessary, footstraps should be utilized to keep the feet in place.
6. Positional devices such as wedges, pillows, and bolsters should be utilized to achieve upright positions for people who are unable to sit upright unassisted.
7. Safety chairs, hip belts, chair trays or tables to lean on may help increase stability for people who lean back or fall sideways.

b. Alignment and Symmetry: When eating in a seated position, the individual should be positioned so that proper alignment and symmetry are maintained.

1. If an imaginary line were drawn down the middle of the individual's body, both sides would look the same.
2. The nose, navel, knees, and toes should all be pointing in the same direction.
3. The legs should be parallel.
4. The neck should **not** be hyperextended.
5. The head should have a slight chin tuck which helps prevent the airway from opening during a swallow.

c. Alternative Positioning Techniques: If these conditions cannot be sustained in a seated position, the inclined side lying position may be an alternative to flat lying or inclined feeding positions.

1. The inclined side lying position allows for fair body alignment. With support, the head may be positioned with a slight chin tuck.
2. Gravity helps the food go to the stomach when swallowed.
3. Food is less likely to pool at the posterior wall of the stomach where it can be regurgitated several hours after eating.

6. Staff assisting with dining should be sitting on a stool or in a chair at eye contact level with the person. This will facilitate better communication and make it easier for staff to assist the person with the dining program.

7. Monitoring Intake

The facility should accurately monitor the dietary intake of each person to assure proper nourishment.

- a. If someone eats 50% or less or drinks less than 8 ounces of fluid during three consecutive meals, the nurse should assess and document the following:
 1. the person's weight
 2. signs and symptoms of dehydration
 3. vital signs
 4. presence of fecal impaction

Monitoring Intake cont'd

5. amount of intake and output (including snacks) for 24 hours

6. other signs and symptoms of illness
 - b. The nurse should review the individual's history to look for trends in eating behavior.
 - c. The nurse should provide daily follow-up and documentation until the regular level of food and fluid intake resumes. If the condition persists for 24 hours, the person should be seen by the primary care prescriber. The person should be seen earlier, if needed. Documentation of the medical assessment should be in the medical progress notes.
8. **Monitoring Weight**
- a. **Weights should be monitored on a monthly basis or more frequently as indicated.**
 1. Weights should be taken in a consistent manner. The person should be weighed in similar weight clothing, at approximately the same time of day, on the same scale, and (if applicable), in the same wheelchair each time a weight is taken.
 2. Weight records should be maintained in the individual's record.
 3. Each facility should have a system for monitoring weight. There are several methods for monitoring weight. **If there is a five percent (5%) gain or loss from the previous month's weight, the person should be weighed again the next day to ensure the new weight reading is accurate.**
 4. One way of monitoring weight is by calculating the percent of weight gained or lost. If this method of monitoring is selected the following formulas should be used.

The following formula should be used to determine the percentage of **weight loss**:

$$\frac{\text{Previous month's weight minus current weight} \times 100}{\text{Previous month's weight}}$$

The following formula should be used to determine the percentage of **weight gain**:

$$\frac{\text{Current weight minus previous month's weight} \times 100}{\text{Previous month's weight}}$$

Monitoring Weight cont'd

- b. If a 5% **unplanned** weight variation is confirmed, the nurse should make a referral to the dietitian and physician to determine the need for intervention.
- c. The nurse should notify the Service Coordinator/QMRP of the action taken and document the referral and notification in the nurses' notes.
- d. If necessary, the Service Coordinator/QMRP should schedule a Called Team Meeting.
- e. Gradual weight variations should be monitored on a quarterly basis by the dietitian and nurse. Referrals should be made as needed. Any significant variations in weight should be noted in the dietary and nurses' progress notes along with follow-up provided.

9. **Programs**

Each person should receive the amount of care, supervision, and time needed to maximize functional eating skills and maintain adequate nutrition.

- a. Mealtime programs should be a part of each person's Single Plan.
- b. The basic techniques for therapeutic positioning (postural stability, alignment and symmetry, and alternative positioning techniques) should be used in developing mealtime programs.

10. **Medical Assessment**

A primary care prescriber should be a member the Nutritional Management Committee. People who exhibit signs and symptoms of dysphagia, gastroesophageal reflux, and/or esophagitis may be referred to the Nutritional Management Committee at a Regional Center. Medical studies and appropriate professional evaluation (i.e., speech therapy, physical therapy, occupational therapy) should be ordered by the primary care prescriber as needed. Treatment plans will be developed, if warranted.

- a. Rationale for referral should be documented.
- b. Evaluations should take place as soon as possible.
- c. Results of referral should be reviewed and signed by the primary care prescriber and reviewed by other members of the interdisciplinary team.
- d. Reports should be maintained in the individual's record.
- e. Recommendations for medically-related interventions should be carried out in a timely manner or rationale for not implementing them should be documented in the medical progress notes.

11. **Monitoring Process**

People diagnosed with dysphagia should be reviewed at least annually by appropriate members of the Nutritional Management Committee in conjunction with their Single Plan assessments. Follow-up services should be provided if indicated.

- a. Periodic summaries of the person's status and progress should be maintained in the individual's record.
- b. The interdisciplinary team should determine if someone requires more frequent review and the type of documentation needed.

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